

CUSTOMER INFORMATION



C.C. PUBLICATIONS, INC.

P.O. Box 23699
Tigard, Oregon 97223-0108

WARRANTY

C.C. Publications' disks are warranted to be free of defects and faulty workmanship under normal use and service during the 90-day warranty period. If these disks fail to operate properly during the 90-day warranty period, C.C. Publications will replace this product at no additional charge. This warranty does not cover damages resulting from accident, disaster, misuse, or abuse.

Ninety-day warranty service may be obtained by mailing the defective disks with the Replacement Card to C.C. Publications, Inc., P.O. Box 23699, Tigard, OR, 97223. You agree to insure the disks or assume the risk of loss or damage in transit and to prepay shipping charges.

BACK-UP DISKS

C.C. Publications, Inc. provides one back-up disk for each copy-protected software disk included in a program. To receive a back-up disk, send \$19 per disk and the Back-up Card within 90 days of receipt to C.C. Publications, Inc., P.O. Box 23699, Tigard, OR, 97223.

NOTE: C.C. PUBLICATIONS MUST RECEIVE YOUR PROOF OF PURCHASE CARD WITHIN 30 DAYS FROM THE DATE YOU RECEIVED THE PROGRAM IN ORDER TO SHIP EITHER A REPLACEMENT OR A BACK-UP DISK.

BACK-UP CARD

Please enclose this card and \$19 (per disk) in check, purchase order, or VISA or Mastercard number to order one back-up disk for each copy-protected disk in the program. Back-up disks are sold in sets only. Please enclose 10% shipping and handling. Limit: One back-up set per program.

Program Name _____

Name _____

Address _____

Town, State, Zip _____

Date _____ Date of Receipt _____

I have enclosed check or purchase order in the amount of _____

Purchase Order Number _____

VISA _____ Exp. Date _____

Mastercard _____ Exp. Date _____

Signature _____

Mail to: C.C. Publications, Inc., P.O. Box 23699, Tigard, OR, 97223-0108.

REPLACEMENT CARD

Please return this card along with any disk from the program that is found defective in material or workmanship as described in the Limited Warranty.

Program Name _____

User's Name _____

Bill to Name (on original order) _____

Purchase Order _____

Address _____

Town, State, Zip _____

Phone _____ Date of Receipt _____

Defect _____

Mail to: C.C. Publications, Inc., P.O. Box 23699, Tigard, OR, 97223-0108.

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PROOF OF PURCHASE

(OFFICE USE ONLY)

I understand the terms of the limited warranty, back-up, and replacement disk policies as described.

User's Name _____

Bill to Name (on original order) _____

Purchase Order _____

Address _____

Town, State, Zip _____

Phone _____ Date of Receipt _____

Name of Program _____

Please take a moment to answer the following questions.

1. For what purposes do you most frequently use a computer?

(Check two.)

___ assessment

___ computer mastery

___ administration

___ basic skills

___ test generation

___ concept development

___ other (please specify _____)

2. What skill level do you work with?

___ preschool

___ secondary

___ elementary

___ adult

3. Your professional specialty is:

___ general education

___ speech/language pathology

___ special education

___ other _____

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